

FILED
Feb 13, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000005539

1. Entity Name
OSLO TRADE CENTER ASSOCIATION, INC.



Principal Place of Business
921 18TH AVENUE SW
VERO BEACH, FL 32962 US

Mailing Address
921 18TH AVENUE SW
VERO BEACH, FL 32962 US



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
04-3689327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORCORAN, WILLIAM
921 18TH AVENUE SW
VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000433524

02/24/06-80021-010 61.25

10. OFFICERS AND DIRECTORS

TITLE DT
NAME PROFITT, TERFUND A
STREET ADDRESS 921 18TH AVENUE SW
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE DP
NAME CORCORAN, WILLIAM
STREET ADDRESS P. O. BOX 1252
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE OS
NAME CRAIG, JIM
STREET ADDRESS 1325 18TH AVENUE SW
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terfund A. Profitt
Terfund A. Profitt

2-9-06 772-589-0000